

Utah Behavioral Health Planning and Advisory Council
Approved Meeting Minutes
July 11th, 2019, 12:00 p.m.
Multi-Agency State Office Building, Room 2026
195 N 1950 W, Salt Lake City

“Our mission is to ensure quality behavioral health care in Utah by promoting collaboration, advocacy, education, and delivery of services.”

COUNCIL MEMBERS PRESENT: Ryan Hunsaker, Jennifer Marchant, Aubrey Myers, MaryJo McMillen, Jeanine Park, Donald Cleveland, James Park, Andrew Riggle, Lisa Hancock, Dave Wilde, Rob Wesemann, Sigrid Nolte, Rafael Montero, Jacob Russell (remote), Adam Scherzinger, Jane Lepisto, and Peggy Hostetter

DSAMH STAFF PRESENT: Pam Bennett, Heather Rydalch, Shanin Rapp

OTHERS PRESENT: Nettie Byrne, Olivia Shakespeare, Joanne Cleveland, Julia Martinez, Jason Jacobs

COUNCIL MEMBERS EXCUSED: Shanel Long, Dan Braun, Robert Snarr, Emily Bennett, Lori Cerar, Heidi Petersen, Ken Rosenbaum, Teresa Molina

Welcome, Introductions, June meeting minutes review, new member applications, and announcements:

Rob began the meeting and introductions were made around the room.

Rob asked for a motion to approve the minutes from May. Jeanine made a 1st motion to approve the minutes, Lisa made a 2nd, all were in favor and the motion passed unanimously.

The Council took a vote and all were in favor to approve the new member application of Aubrey Myers. Welcome to UBHPAC Aubrey!

Dave Wilde: Dave was asked to share his story and investment in UBHPAC. Dave works with Medicaid and has worked as a Clinical Medical Health Counselor and has also worked in outpatient services. Dave likes to mountain bike and is a Capricorn.

Aubrey Myers- Being trauma informed:

What is trauma?

Psychological trauma is a type of damage to the mind that occurs as a result of a severely distressing event.

Trauma is often the result of an overwhelming amount of stress that exceeds one's ability to cope, or integrate the emotions involved with that experience.

Symptoms of trauma (PTSD)

✕ Physical

Unexplained sensations including pain
Sleep and eating disturbances
Low energy
Increased arousal

✕ Emotional

Depression and fear
Anxiety and panic
Numbness, irritability, anger
Feeling out of control
Avoidance

✖ **Cognitive**

Distraction
Decrease in concentration
Memory lapse
Difficulty with decisions

✖ **Behavioral/Coping Mechanisms**

Compulsion
Substance abuse
Eating disorders
Impulsive, self-destructive behavior
Dissociation Changes in interpersonal relationships:
Isolation, avoidance, social withdrawal
Sexual disruption
Feeling threatened, hostile, argumentative

✖ **Re-experiencing**

Flashbacks
Nightmares
Intrusive thoughts
Sudden Emotional and or physical flooding Co-occurring Disorders

Effects of Complex Trauma

✖ **Attachment/Interpersonal Disturbance***

+ Primal Wound, relationship avoidance

✖ **Negative Self-concept***

+ What am I worth, No sense of Self

✖ **Emotional response/Affect Dysregulation***

+ Difficult emotional regulation,

✖ **Interpersonal Sensitivity**

✖ **Physiology**

+ Developmental/Disease

✖ **Dissociation**

+ If I'm not here I can't be hurt

✖ **Behavior**

+ Survival/Don't get close to me

✖ **Cognitive**

+ Planning and Acting

✖ **Long-term Health**

+ Addiction, disease

✖ **Economic impact**

+ 103 Billion

Complex Post-traumatic Stress Disorder. (Jun 19, 2019). Traumadissociation.com. Retrieved Jun 19, 2019 from <http://traumadissociation.com/complexptsd>. Read more:

<http://traumadissociation.com/complexptsd>

Developmental Trauma

Effects of Developmental Trauma

- ✗ Hyper sensitive
 - + Easily angered, tantrums, inconsolable
- ✗ Hyper Vigilant
 - + On the lookout, sizing up
- ✗ Shut down and tuned out
 - + Frozen, unaware

Pre-Verbal Trauma

- ✗ Trauma experienced from 0-3 before language and the development of the explicit memory.
- ✗ Abuse
- ✗ Medical
- ✗ High stress parent
- ✗ DV

Symptoms:

- ✗ Hyper-vigilance
- ✗ Separation Anxiety
- ✗ Emotional dis-regulation
- ✗ Fear
- ✗ Sleep issues/nightmares
- ✗ Repetitive play

It's not about what you can see!

- ✗ Trauma affects the individual on many levels but what we see are the symptoms not the cause, the root reasons for the behaviors are related to how the person's brain perceives events in the environment.
- ✗ Early trauma can have lasting and debilitating effect on how the person reacts to or perceives their environment.

Being Trauma Informed

- ✗ Realize the prevalence of trauma.
- ✗ Recognize the signs and symptoms, in those we serve and work with.
- ✗ Respond by fully implementing in your organization via policy, procedure, and practice.
- ✗ Avoid re-traumatizing those we work with and those who work with us

Pam Bennett: Block grant application.

There are two main reasons to fund priority treatment and support services of individuals without insurance or who cycle in and out of health insurance coverage, and to fund those priority treatment and support services not covered by Medicaid. Plan is published on DSAMH website and is updated semi-annually since it is a living document. Five Strategic reasons: prevention and early intervention, zero suicide initiative, promote recovery improver services for children and adolescents, and health systems integration. There are seven goals for prevention:

1. Prevent and reduce underage drinking
2. Prevent and reduce prescription drug misuse and abuse
3. Prevent and reduce marijuana use
4. Prevent and reduce depression and other mental illness
5. Prevent tobacco and nicotine use
6. Prevent and reduce opioid misuse
7. Reduce overdose deaths

Five goals for zero suicide:

1. Support UDOH in implementation of the Utah Health Improvement Plan.
 2. Engage community stakeholders and prevention coalitions in suicide prevention and mental health promotion efforts statewide.
 3. Develop broad based support through public/private partnerships dedicated to implementing and sustaining suicide prevention efforts.
 4. Improve ability of health providers to better support the people.
 5. Promote effective programs and practices that increase protection from suicide risk.
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Goals:

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1. Promote and establish Peer Support Services.
 2. Promote and establish employment and education services statewide.
 3. Provide MH and SUD services in a trauma informed environment for clients and staff.
 4. Develop array of non-clinical services designed to provide necessary supports for individuals seeking recovery or in early recovery.
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Goals for recovery support (information on their website). Ming Wang and Youth in Transition. Children, youth, and families goals:

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1. Promote community-based services through increasing accountability of states placing youth in residential treatment centers (RTCs) in Utah.
 2. Increasing system knowledge for adolescent co-occurring substance use and mental health disorders treatment.
 3. Improve the quality of adolescent treatment services in Utah.
 4. Improve SUD and co-occurring early intervention, treatment and recovery support services for adolescents and transitional aged youth ages 12-25 with SUD and/or co-occurring mental health disorders.
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Health Integration goals:

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1. Increase partnerships with Department of Health, accountable/care organizations (ACOs), federally qualified health centers (FQHCs), and the Local Authorities.
 2. Services will address an individual's substance abuse, mental health, and physical healthcare needs.
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Pam: The actual funds for the grants are pretty flexible, but there is no way we can change the specific goals. The state needs to report on the goals with specific numbers. Typically, we have a peer-related goal and a housing goal.

Open Discussion: Revitalizing Sub-Committees:

The council discussed adding new topics monthly for the group to discuss and provide feedback on rather than breaking up into separate subcommittees. So far the list of topics is as follows:

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- Community-based models- ACT/ACOT/AOT/MCOT/DE/Crisis
 - Mental health
 - Integrated care/Interventions
 - Diverse/Cultural Services
 - Medicaid Expansion
 - Peer-specific
 - Dual diagnosis: Substance use
 - Suicide Prevention
 - Rape
 - In-utero exposure
 - Access to treatment for individuals that don't qualify for Medicaid
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Next meeting will be August 1st 2019, 12:00 P.M.

Thank you for your support of the UBHPAC!

Accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations during this meeting, please contact the Division of Substance Abuse and Mental Health at (801) 538-3939 or TTY (801) 538-3696.

The State has adopted a stipend policy that will pay for reasonable travel expenses related to consumers and advocates attendance at UBHPAC meetings. For more information please visit www.dsamh.utah.gov – Initiatives – Behavioral Health and Advisory Council – Information & Forms – UBHPAC Stipend Policy.

All meeting minutes and recordings are posted on the Public Notice website at:
<https://www.utah.gov/pmn/sitemap/publicbody/51.html>